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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/634,760
		Filing Date	August 6, 2003
		First Named Inventor	Jim DEHART
		Group Art Unit	3671
		Examiner Name	Raymond W. Addie
Total Number of Pages in This Submission		Attorney Docket Number	742436-19

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Appeal	
			<input type="checkbox"/>

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	April 26, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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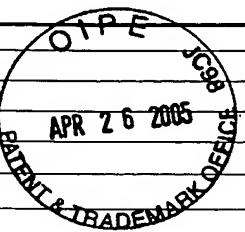
FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,520.00)

Complete if Known	
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First Named Inventor	Jim DEHART
Examiner Name	Raymond W. Addie
Art Unit	3671
Attorney Docket No.	742436-19



METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number 19-2380

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 300	2001 150	Utility filing fee	
1002 200	2002 100	Design filing fee	
1003 200	2003 100	Plant filing fee	
1004 300	2004 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	20**	= <input type="text"/> X <input type="text"/> =	0
Independent Claims	3**	= <input type="text"/> X <input type="text"/> =	0
Multiple Dependent		X <input type="text"/> =	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code (\$)	Fee (\$)	
1051	130	2051 65	Surcharge – late filing fee or oath
1052	50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053 130	Non-English specification
1812	2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251	120	2251 60	Extension for reply within first month
1252	450	2252 225	Extension for reply within second month
1253	1,020	2253 510	Extension for reply within third month
1254	1,590	2254 795	Extension for reply within fourth month
1255	2,160	2255 1,080	Extension for reply within fifth month
1401	500	2401 250	Notice of Appeal
1402	500	2402 250	Filing a brief in support of an appeal
1403	1,000	2403 500	Request for oral hearing
1451	1,510	1451 1,510	Petition to institute a public use proceeding
1452	500	2452 250	Petition to revive – unavoidable
1453	1,500	2453 750	Petition to revive – unintentional
1501	1,400	2501 700	Utility issue fee (or reissue)
1502	800	2502 400	Design issue fee
1503	1,100	2503 550	Plant issue fee
1460	130	1460 130	Petitions to the Commissioner
1807	50	1807 50	Processing fee under 37 CFR 1.17(q)
1806	180	1806 180	Submission of Information Disclosure Stmt
8021	40	8021 40	Recording each patent assignment per property (times number of properties)
1809	790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801 395	Request for Continued Examination (RCE)
1802	900	1802 900	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$1,520.00)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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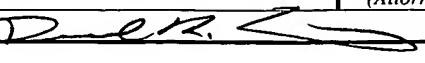
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Date _____

Signature _____

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SUBMITTED BY

Complete (if applicable)	
Name (Print/Type)	Donald R. Studebaker
Signature	

SEND TO: Commissioner for Patents
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